PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 Application or Docket Number Application or Docket Number													
CLAIMS AS FILED - PART I								·			× 1/0	2	
			(Column			Column 2)	_	SMALL ENT		OR	OTHER SMALL (
u.s	. NATIONAL S	STAGE FEES	14					RATE	FEE		RATE	FEE	
BASIC FEE			SMALL ENT. = \$ 150		LARGE ENT. = \$ 300			BASIC FEE		OR	BASIC FEE	OB.	
EXAMINATION FEE				sfies PCT Article 33(1)- (4) = \$50 / \$ 100		All other situations = \$ 100 / \$ 200		EXAM. FEE			EXAM. FEE	0260	
SEARCH FEE			U.S. is ISA = \$50 / \$ 100 ALL other countries = \$ 200 / \$ 400		All other situations = \$ 250 / \$ 500			SEARCH FEE			SEARCH FEE	500	
FEE FOR EXTRA SPEC. PGS.			minus 100 =		/ 50 =			X \$ 125 =			X \$ 250 =		
TOTAL CHARGEABLE CLAIMS			K4 min	us 20 =	•			X \$ 25 =		OR	X \$ 5,0 =		
INDEPENDENT CLAIMS			3 m	inus 3 =	•			X \$ 100 =		OR	X \$ 200 =		
MUL	TIPLE DEPEN	DENT CLAIM PRE	ESENT	V				+ \$ 180 =	•	OR	+ \$ 360 =		
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR	TOTAL	1000	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN					
AMENDMENT A	1/19/05	CLAIMS REMAINING AFTER, AMENDMENT		HIGH NUM PREVIO PAID	BER BUSLY	PRESENT EXTRA	/	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 14	Minus	·· /	2	- /		X \$ 25 =		OR	X \$ 50 =		
	Independent	• 3	Minus	-3		= /		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+\$ 180 =		OR	+ \$ 360 =		
. ,								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)												·	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUMI PREVIO PAID	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=		X \$ 25 =		OR	X \$ 50 =		
	Independent	•	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT			LAIM			+ \$.180 =		OR	+\$360=			
							•	TOTAL ADOIT. FEE		OR	TOTAL ADDIT. FEE		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".												
		mber Previously Pai nber Previously Paid					in the	e appropriate box	in column 1.				

FORM PTO-875 (Rev. 02/2005)

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